

#13

PATENT
718452.9**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Application of: Baker, Larry and Spielman, :
Warren L. :

: Examiner: Unknown

Serial No.: 10/526,942 :

: Group Art Unit: Unknown

Filed: March 8, 2005 :

: Attorney Docket No.: 718452.9

For: URINARY TRANSFER SYSTEM :
AND ASSOCIATED METHOD :
OF USE :

: Customer No.: 27,128

: Confirmation No.: 7563

This is a U.S. National Phase Patent :
Application based on PCT Application :
No: PCT/US04/40409, Filed: 12/2/2004, :
having a priority date of 12/12/2003 :**PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE****(37 C.F.R. SECTION 1,102(c) and M.P.E.P. SECTION 708.02 IV)**Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby petitions to make this patent application special because the Applicant, i.e., Warren L. Spielman, is over sixty-five (65) years of age. The other Applicant, i.e., Larry Baker, is now deceased.

STLD01-1160246-1

BEST AVAILABLE COPY

Application Serial No. 10/526,942
Petition to Make Special – Applicant's Age
Inventor(s) Name: Baker, Larry and Spielman, Warren L.
Attorney Docket No.: 718452.9

As a showing of fact, accompanying this petition is information from the INTELIOUS website (www.intelius.com) that lists the approximate age of Mr. Spielman to be 88 as well as his address at 7301 Overbrook Drive, Saint Louis, Missouri 63121. This is attached as Appendix A. This same address is correlated from the Request for PCT Application No: PCT/US04/40409, which was filed on December 2, 2004 as Appendix B.

No fee is required with this petition, in accordance with 37 C.F.R. Section 1.102 (c). If any issue or questions regarding this Petition, it is respectfully requested that the Applicant's undersigned attorney receive a telephone call in this regard.

Respectfully submitted,

Dated: Apr. 15, 2005



Kevin M. Kercher
Registration No. 33,408
Blackwell Sanders Peper Martin LLP
720 Olive Street, 24th Floor
St. Louis, Missouri 63101
(314) 345-6000
ATTORNEY FOR APPLICANTS


kkercher@blackwellsanders.com [Sign Out]

[Personal Search](#)
[Business Solutions](#)
Member Status: [Basic](#)
[Back to Home](#)
[Manage Account](#) [Help](#)

SELECT PRODUCT

CREATE ACCOUNT

VIEW REPORT

Purchase Receipt Information

Your transaction was successfully completed. \$7.95 was charged to your account by Intelius, Inc.

Intelius Upgrade Specials

Your Report is:
People Search Report



Upgrade Now for less to:
24 Hour Pass

Membership Specials

Get 10% Off on ALL purchases for 1 year with [Club Intelius Membership!](#)

Volume Discounts & Bulk Listing Updates

People Search Report - 3 Records Found

Name	Additional Reports ?	Approx Age	Birth Date	Address/Phone	Last Reported	Neighborhood Avg. Income Avg. House Price
1. SPIELMAN, WARREN L	Criminal Report Background Report	88	06/23/1916	7301 OVERBROOK DR SAINT LOUIS, MO 63121 Phone: (314) 261-0993	04/13/2005	Avg. Income \$32,422 Avg. House Price \$57,000

04-15-05

04:09pm

From-BSPM

+

T-317

P.006/008

F-455

Appendix B

STLD01-1160246-1

BEST AVAILABLE COPY

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.	PCT/US 04/40409
International Filing Date	02 DEC 2004 (02.12.04)
PCT INTERNATIONAL APPLICATION RO/US	
Name of receiving Office and "Patent Cooperation Treaty" International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum) 718452.7	

Box No. I TITLE OF INVENTION	
URINARY TRANSFER SYSTEM AND ASSOCIATED METHOD OF USE	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
UTS, L.L.C. 2865 Netherton Drive Jennings, Missouri 63136 US	
Telephone No. 314-653-0918	
Facsimile No. 314-653-0598	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
BAKER, Larry R. (deceased)	
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
KERCHER, Kevin M. Blackwell Sanders Peper Martin LLP 720 Olive Street - 24th Floor St. Louis, Missouri 63101 US	
Telephone No. 314-345-6000	
Facsimile No. 314-345-6060	
Teleprinter No.	
Agent's registration No. with the Office 33,408	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

BEST AVAILABLE COPY

▲ RO/US

Continuation of Box No. III **FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SPIELMAN, Warren L.
7301 Overbrook Drive
St. Louis, Missouri 63121
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of:

- ☐ all designated States ☒ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**TRANSMITTAL
FORM**

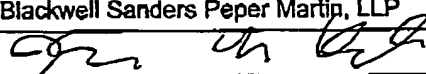
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/526,942	
	Filing Date	March 8, 2005	
	First Named Inventor	Larry Baker	
	Art Unit	Not yet known	
	Examiner Name	Not yet known	
Total Number of Pages in This Submission	5	Attorney Docket Number	718452.9

ENCLOSURES (check all that apply)

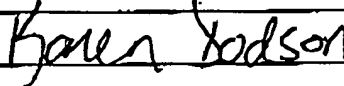
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below);
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Blackwell Sanders Peper Martin, LLP		
Signature			
Printed Name	Kevin M. Kercher		
Date	Apr 1 / 15, 2005	Reg. No.	33,408

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-0025 or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.
Express Mail Label No.:

Signature			
Typed or printed name	Karen Dodson	Date	4/15/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BLACKWELL SANDERS PEPER MARTIN
LLP

4801 MAIN STREET SUITE 1000 KANSAS CITY, MO 64112
P.O. BOX 219777 KANSAS CITY, MO 64121-6777
TEL: (816) 983-8000 FAX: (816) 983-8080
WEBSITE: www.blackwellsanders.com

FACSIMILE COVER SHEET**DATE:** April 15, 2005**TIME:** 4:08 PM**RECIPIENT**
USPTO**FAX NUMBER**
1-571-273-0025**COMPANY/FIRM NAME**
USPTO**PHONE NUMBER****FROM:** Kevin Kercher**DIRECT DIAL:** 314-345-6657**DIRECT FAX:** 314-345-6060**OPERATOR:** Karen Dodson**EXT. No.:** 6657**BILLING CODE:** 718452.9**TOTAL # OF PAGES:** 8**MESSAGE:**

Petition to Make Special

PRIVILEGED AND CONFIDENTIAL information intended only for the use of the addressee(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution or copying of this communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone and return the original message to us at the above address via the U.S. Mail.

KANSAS CITY, MISSOURI • ST. LOUIS, MISSOURI • OVERLAND PARK, KANSAS • OMAHA, NEBRASKA
SPRINGFIELD, MISSOURI • EDWARDSVILLE, ILLINOIS • WASHINGTON, D.C. • LONDON, UNITED KINGDOM

AFFILIATES: LEEDS • MANCHESTER • MEXICO CITY • MONTREAL • TORONTO • VANCOUVER

BEST AVAILABLE COPY